

# INVOICE

Compound Name

LT NUMBER

**Assay 1**

Test 1:

Test 2:

Test 3:

**Assay 2**

Test 1:

Test 4:

Test 6:

Cost

Advance

Due

**\$7630.00**

\$2787.00

\$1,200.00

\$1587.00

\$1743.00

\$0.00

\$1743.00

\$3100.00

\$0.00

\$3100.00

**\$20,552.00**

\$2787.00

\$0.00

\$2787.00

\$8765.00

\$4,300.00

\$4,465.00

\$9000.00

\$2000.00

\$7,000.00

Compound Name

LT NUMBER

**Assay 1**

Test 1:

Test 2:

Test 5:

**Assay 2**

Test 1:

Test 4:

Test 6:

Cost

Advance

Due

**\$7630.00**

\$2787.00

\$1,400.00

\$1387.00

\$1743.00

\$0.00

\$1743.00

\$12,560.00

\$0.00

\$12,560.00

**\$20,552.00**

\$2787.00

\$540.00

\$2247.00

\$8765.00

\$6,300.00

\$2,465.00

\$9000.00

\$1000.00

\$8,000.00

**TOTAL:**

Due Date

Early Date

Early Discount

Total Due

01/30/XXXX

01/15/XXXX

\$7360.95

\$49,073.00